



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 14, 2009

Teresa Carpenter, Administrator
Preferred Community Homes—Cornerstone
615 2nd Avenue West
Wendell, Idaho 83355

Dear Ms. Carpenter:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey of Preferred Community Homes—Cornerstone, which was concluded on August 10, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey.

Also enclosed is a Statement of Deficiencies/Plan of Correction form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

Teresa Carpenter, Administrator
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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction.

For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **August 24, 2009**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'T Barkley', with a horizontal line extending from the end of the signature.

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/13/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/10/2009
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - CORNER			STREET ADDRESS, CITY, STATE, ZIP CODE 2028 E. 2975 SOUTH WENDELL, ID 83355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>The facility is a single story, Type V (000) construction, residential type building. It is sprinklered in living spaces and closets. It has a complete fire alarm/smoke detection system. It was built/completed in November of 1996. Currently the facility is licensed for 8 ICF/MR beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on August 10, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000	<p>W 000 INITIAL COMMENTS</p> <p>"Preparation and implementation of this plan of correction does not constitute admission or agreement by Cornerstone with the facts, findings or other statements as alleged by the state agency dated August 10, 2009. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Cornerstone – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."</p> <p style="text-align: right;">RECEIVED AUG 25 2009 FACILITY STANDARDS</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Teresa Carpenter

TITLE

Admin.

(X6) DATE

8/21/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G056	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2009
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - CORNERSTONE		STREET ADDRESS, CITY, STATE, ZIP CODE 2028 E. 2975 SOUTH WENDELL, ID 83355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	16.03.11 Initial Comments The facility is a single story, Type V (000) construction, residential type building. It is sprinklered in living spaces and closets. It has a complete fire alarm/smoke detection system. It was built/completed in November of 1996. Currently the facility is licensed for 8 ICF/MR beds.	M 000		
MM335	16.03.11.110.04(a) Diagram of Building A diagram of the building showing emergency protection equipment, evacuation routes, and exits must be conspicuously posted throughout the facility. An outline of emergency instructions must be posted with the diagram. This Rule is not met as evidenced by: Based on observation and interview it was determined that the facility failed to ensure that a diagram displaying the location of emergency equipment and evacuation routes were posted in the facility. Findings include: During the facility tour on August 10, 2009 at 9:30 AM staff revealed that the facility did not have a diagram or emergency plan posted in the facility because it had been taken down to be rewritten.	MM335	MM335 16.03.11.110.04(a) Diagram of Building The facility will have posted A diagram/emergency Plan Posted in the facility, in the Front of the house at the kitchen, and at the back hallway. This will be monitored and checked Monthly to ensure the deficient Will not recur. To be completed by the RSC, and Maintenance man by 09/15/09.	
MM344	16.03.11.110.06(e) Automatic Sprinkler Systems Automatic sprinkler systems, if installed, must be serviced at least annually by an authorized servicing agency. Servicing must be in accordance with the applicable NFPA Standard 13a (1978 edition), "Care and Maintenance of Sprinkler Systems."	MM344		

RECEIVED
AUG 25 2009
FACILITY STANDARDS

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TITLE

(X6) DATE

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MM344	Continued From Page 1 This Rule is not met as evidenced by: Based on record review it was determined that the facility failed to ensure that the automatic sprinkler system was being annually inspected. Findings include: During record review on August 10, 2009 at 9:20 AM it was discovered that the last documented annual automatic sprinkler system inspection was done on December 28, 2007. This deficiency was witnessed by surveyor and facility staff.	MM344	MM344 16.03.11.110.06(e) Automatic Sprinkler Systems The facility has had its annual automatic sprinkler systems inspection done on 08/18/09. the annual inspection will be one yearly to ensure this deficient will not recur. To be included on the monthly maintenance checklist.	
MM345	16.03.11.110.06(f) Portable Fire Extinguishers Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers." This Rule is not met as evidenced by: Based on observation it was determined that the facility failed to ensure that the portable fire extinguishers were being annually serviced / maintained in accordance with NFPA 10. Findings include: During the facility tour on August 10, 2009 between the hours of 9:25 AM and 9:35 AM it was observed that the portable fire extinguishers were not being annually inspected. The fire extinguisher service tags were last dated December 2007. The findings were observed and noted by surveyor and facility staff.	MM345	To be completed by the RSC, And Maintenance man by 09/15/09. MM345 16.03.11.110.06(f) Portable Fire Extinguishers The facility had its annual inspection done on 08/18/09, its inspection included the fire extinguishers. A monthly checklist will be done to ensure the deficient will not recur. To be completed by the RSC, and Maintenance man by 09/15/09.	